

HOUSE JOINT MEMORIAL 7

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

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A JOINT MEMORIAL

REQUESTING THE NEW MEXICO HEALTH POLICY COMMISSION TO CONTINUE THE TASK FORCE ON OBSTETRIC HEALTH CARE PRACTITIONER LIABILITY INSURANCE AND TO EXPAND THE SCOPE OF THE TASK FORCE TO INCLUDE EVIDENCE-BASED MATERNITY CARE.

WHEREAS, House Memorial 9 and Senate Memorial 1, which were introduced and passed during the 2008 session of the New Mexico legislature, called for the New Mexico health policy commission to continue the task force on obstetric health care practitioner liability insurance that has been working for three years; and

WHEREAS, the 2008 report of this task force found that New Mexico has a unique pattern of cooperation among obstetricians, certified nurse midwives and family medicine physicians who attend births and provide maternity care in the state; and

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1           WHEREAS, this cooperation results in better outcomes for  
2 women and their babies and an ability to ensure maternity and  
3 delivery coverage statewide; and

4           WHEREAS, the report further found that this cooperation is  
5 strained due to many challenges and factors, including steeply  
6 increasing professional liability costs and pressures on all  
7 obstetrical providers and hospitals, a volatile and unregulated  
8 professional liability market and a diminishing number of  
9 obstetrical providers in rural areas; and

10           WHEREAS, an October 2008 study entitled *Evidence-Based*  
11 *Maternity Care: What It Is and What It Can Achieve* identifies  
12 important considerations, such as underuse of beneficial  
13 practices and overuse of potentially harmful or ineffective  
14 practices, that may contribute to the high cost of obstetric  
15 liability insurance and to poor outcomes for mothers and  
16 newborns; and

17           WHEREAS, this study has shown that although most  
18 childbearing women and newborns in the United States are  
19 healthy and at low risk for complications, the high rate of  
20 interventions and procedures experienced by these mothers and  
21 newborns leads to a high risk of adverse effects from  
22 childbirth; and

23           WHEREAS, although cesarean section procedures are  
24 associated with numerous future adverse effects in women, it is  
25 the most common operating room procedure in the country and its

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1 incidence has increased by fifty percent since 1965; and

2 WHEREAS, in the last twenty-five years, the national rate  
3 for preterm births increased by thirty-six percent and the  
4 proportion of low-birth-weight babies increased by twenty-two  
5 percent; and

6 WHEREAS, between 1990 and 2005, the rate of medically  
7 induced labor, as derived from birth certificates, increased by  
8 one hundred thirty-five percent, which was twenty-two percent  
9 of all women giving birth; and

10 WHEREAS, these factors have contributed to the high cost  
11 of maternity care, which exceeded charges for any other  
12 condition in 2005, according to the agency for healthcare  
13 research and quality; and

14 WHEREAS, the amount of money paid for maternity and  
15 obstetric care in the United States is not consistent with the  
16 quality of care delivered, as indicated by a report of the  
17 world health organization, which ranks the United States lower  
18 than twenty-nine other nations in estimated maternal mortality;  
19 and

20 WHEREAS, although care provided by midwives in birth  
21 centers is often well-suited to childbearing women and can  
22 provide excellent value to purchasers, midwives and birth  
23 centers face challenges in obtaining liability insurance,  
24 including major increases in premiums, making liability  
25 insurance unaffordable for these practitioners; and

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1           WHEREAS, the study recommends that efforts to improve  
2 payment systems, the liability system, consumer decision-making  
3 processes and other factors that impact clinical decisions  
4 should align with the best scientific evidence and best  
5 practices to ensure optimal care; and

6           WHEREAS, the task force has identified approaches to  
7 ensure the quality of obstetrical services and access to  
8 obstetrical services and to protect the liability of providers  
9 of obstetrical services in New Mexico; and

10           WHEREAS, some of these approaches require additional  
11 research and investigation of the continuing crisis in  
12 obstetric health care access and finding enduring solutions;  
13 and

14           WHEREAS, the use of scientific evidence and best practices  
15 should serve to reduce the incidence of poor maternity  
16 outcomes, thereby reducing the cost of health care practitioner  
17 liability insurance;

18           NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE  
19 STATE OF NEW MEXICO that the New Mexico health policy  
20 commission be requested to continue the task force on obstetric  
21 health care practitioner liability insurance and to expand the  
22 scope of the task force to include evidence-based maternity  
23 care; and

24           BE IT FURTHER RESOLVED that the task force conduct a  
25 review of current literature on evidence-based maternity care,

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1 including the study referenced in this memorial; and

2 BE IT FURTHER RESOLVED that the task force report its  
3 findings and recommendations to the legislative health and  
4 human services committee during the committee's November 2009  
5 meeting; and

6 BE IT FURTHER RESOLVED that copies of this memorial be  
7 transmitted to the New Mexico health policy commission and the  
8 chair of the legislative health and human services committee.